Name in Full

Certificate of Death

Jane Barber

Died at Town Insing Asylum County Cecil Co MARYLAND

Date 1899 Month Nov Day 21 Age Y. M. D. about 65 Native of Cecil Occupation farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Paralytic 44 How long sick 3 weeks

Immediate

~~Accident, Suicide, Homicide~~

Reported by B Hunnicutt

Address N. Elkton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 65968

Name in Full | Certificate of Death

James Spencerfield Brooks

Died at Town: Singerly | County: Cecil | MARYLAND

Date 1899 | Month: Nov. | Day: 9th | Age: Y. 34 M. yrs D. | Native of: Maryland | Occupation: Railroad Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 2

Husband ~~Wife~~ of Mary Ann Brooks

Father's Name: James Brooks | Mother's Name: Mary Ann Harris

Cause of Death: Primary ✓ 145 d | How long sick ✓

Immediate: Accident Killed by cars | Accident, ~~Suicide~~, ~~Homicide~~

Reported by Wm P. Dean Coroner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Thomas J. Caldwell

Died at Liberty Grove, (Town) Cecil (County) MARYLAND

Date 1899 Month Nov Day 27th | Age Y. 71 M. 4 D. 13 | Native of Cecil Co. | Occupation Stone Mason & Farmer.

~~Male~~ / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ / Widower / ~~Widow~~ / ~~Divorced~~ | Number of children living two. (2)

Husband / ~~Wife~~ of Rosanna M. Caldwell

Father's Name Thomas Caldwell | Mother's Name Elizabeth Caldwell.

Cause of Death — Primary: Cronpous Pneumonia 72 | How long sick 13 days.

Immediate: Cardiac failure

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Ernest Rowland M.D.

Address Liberty Grove, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full: James H Davis

Certificate of Death: Colds

Died at: Town: Calvert County: Cecil MARYLAND

Date 1899 Month: Nov Day: 23 | Age Y. 28 M. 3 D. | Native of: Md | Occupation: Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name: James H Davis

Mother's Name: Amaline Johnson

Cause of Death: Primary: Consumption — How long sick: 6 mo

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by: D. L. Gifford 22a

Address: Zion Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Jos. Gallaher

Town

County

~~Died at~~ near Sylmar

Cecil

MARYLAND

Date 1899 Month 11 Day 19 | Age Y. 69 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 3

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary drowned 148 | Immediate

How long sick

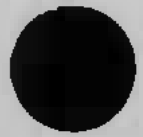
Accident, ~~Suicide, Homicide~~

Reported by Cecil Ahlig

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899



Name in Full Carleton Harris

Certificate of Death

Died near Town Warwick County Cecil MARYLAND

Date 1899 Month Nov Day 24 Age Y. 2 M. D. Native of Del Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Alexander Harris Mother's Name Harriet Fonticue

Cause of Death: Primary Diphtheria & a — How long sick 6 days

Immediate

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by M. F. Kennedy —

Address Middletown Del [redacted]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Clara L Harris

Certificate of Death

Died at Town Warwick County Cecil MARYLAND

Date 1899 Month Nov Day 17 Age Y. 8 M. 6 D. . Native of Md Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name Alexander Harris Mother's Name ~~Annie~~ Harriet Horace Harris

Cause of Death Primary Catarrhal Pneumonia How long sick 10 days

Immediate Collapse of Lungs Accident, Suicide, Homicide

Reported by J J Wright MD

Address Warwick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Elizabeth Harris

Certificate of Death

Died at near Town Cecilton County Cecil MARYLAND

Data 1899 Month 11 Day 10 Age Y. 1 M. 4 D. 0 Native of Cecil Co Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ Divorced

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Wm Harris Mother's Name Mary Young

Cause of Death Primary Dentition 140 How long sick One month

Immediate Trismus Neonctorum ~~Accident, Suicide, Homicide~~

Reported by J. H. Hardcastle

Address Cecilton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Jacob Hilaman

Certificate of Death

Died at Town Welsh Point County Cecil Co., MARYLAND

Date 1899 Month Nov. Day 6th Age Y. 20 M. 10 D. 8 Native of Md. Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Jacob Hilaman Mother's Name Annie Mary Hilaman

Cause of Death Primary Tuberculosis 22a How long sick 4 yrs

Immediate same ~~Accident, Suicide, Homicide~~

Reported by H. P. Hinchliffe, M.D.

Address Elkton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full Jacob Huber

Certificate of Death

Town County

Died at Chesapeake City Cecil MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1899 11 28 Age 70 Germany

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Cecil Ahig 12-2

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Rhoda Jackson

Died at Town: Funchtown, County: Jct. Dist. Cecil Co. MARYLAND

Date 1899 Month: Nov. Day: 24 | Age Y. M. D.: 16 yrs | Native of: Cecil | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife ✓ 1526

Father's Name: Franklin H. Jackson | Mother's Name: Mary C. Jackson

Cause of Death: Primary ~~Primary~~ Gun shot wounds - pistol in hands of Silas White, suicide | How long sick: died in 1/2 hour

Immediate

~~Accident~~, ~~Suicide~~, Homicide

Reported by Wm P. Dean Coroner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Margaret Janney

Certificate of Death

Died at Town Zion County Cecil MARYLAND

Date 189 9 Month Nov Day 10 Age Y. 28 M. D. Native of Md Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife John N Janney

Father's Name Henderson Vanpelt Mother's Name Mary Vanpelt

Cause of Death Primary Consumption How long sick 10 mo

Immediate Exhaustion Accident, Suicide, Homicide

Reported by D H Ford 22a

Address Zion Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Hattie Simpson Johnson

Certificate of Death

Died at Town Chesapeake City County Cecil MARYLAND

Date 1899 Month 11 Day 13

Age Y. 6 M. — D. 9

Native of md

Occupation child

~~Male~~ Female

~~White~~ Colored

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband / Wife of —

Father's Name Isaac Johnson

Mother's Name Sarah Johnson

Cause of Death: Primary

Immediate Diphtheria 8a

How long sick two days

~~Accident, Suicide, Homicide~~

Reported by W C Karsner MD

Address Chesapeake City Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Eva Jenkins

Certificate of Death

Died at Town North East County Cecil MARYLAND

Date 189 9 Month Nov Day 16 | Age Y. 1899 M. Nov D. 11 | Native of Cecil Co | Occupation —

Male ~~Female~~ | ~~Colored~~ | ~~Married~~ Single | ~~Widowed~~ | ~~Divorced~~ | Number of children living 1388

Husband / Wife of

Father's Name Robt James Jenkins | Mother's Name Mary J. Jenkins

Cause of Death — Primary: Premature Birth | How long sick 5 days

Immediate: Convulsions | Accident, Suicide, Homicide

Reported by Geo S. Pittenger M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name In Full Reuben Kirk

Certificate of Death

Died at Town near Sylmar County Cecil MARYLAND

Date 189 9 Month 11 Day 30 | Age Y. 86 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 6

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | Immediate

How long sick

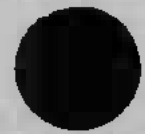
Accident, Suicide, Homicide

Reported by Cecil Atlig 12-9

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Mrs. Laura Virginia Gist Landin

Town

Died at near Perryville County Cecil MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1899 11 23 Age 64

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living 2

Husband of Wife Wm. J. Landin

Father's Name Mr. Gist Mother's Name

Cause of Death: Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Cecil Cr. News 12-29

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full James McClaughlin

Certificate of Death

Died at Town Canal Station County Cecil MARYLAND

Date 1899 Month Nov Day 30 | Age Y. 49 M. 6 D. 22 | Native of Md. | Occupation Swingman

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 3

Husband ~~Wife~~ of Malinda Potet

Father's Name Robert McClaughlin

Mother's Name Mary McClaughlin

Cause of Death: Primary Pneumonia 72 | How long sick 9 days

Immediate Heart Failure | ~~Accident, Suicide, Homicide~~

Reported by H. E. Clemson Jr. Sc.

Address Port Deposit Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Asahel H. McCullough

Died at Town: Pilot County: Cecil MARYLAND

Date 1899 Month: Nov Day: 24 Age Y. 3 M. 10 D. Native of American Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name Hiram D. McCullough Mother's Name Clara B. McCullough

Cause of Death: Primary Pneumonia 72 How long sick 9 days

Immediate Pneumonia Accident Suicide ~~Homicide~~

Reported by Geo. H. Gillespie M.D.

Address Pleasant Grove Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Jennie Mordy

Died at Town Elkton County Cecil MARYLAND

Date 189 9 Month 11 Day 9 | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Cecil Dr Hig 11-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Peter Murphy

Died at Elkton Town

County Cecil

MARYLAND

Date 189 9 Month 11 Day 21

Age Y. 72 M. D.

Native of Ireland

Occupation

Male ~~Female~~

White ~~Colored~~

~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary Paralysis 44 How long sick

Immediate

Accident, Suicide, Homicide

Reported by Cecil Democrat 11-20-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name In Full

Certificate of Death

Could not get the name Mailer

Died at St Augustine (Town) Cecil (County) MARYLAND

Date 1899 Month 11 Day 5

Age Y. x M. x D. 15

Native of md

Occupation —

Male ~~White~~ ~~Married~~ Widow ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Joseph Mailer

Mother's Name Mary Mailer

Cause of Death — Primary: Catarrh in the head — How long sick: 12 days

Immediate: 67 — Accident, Suicide, Homicide

Reported by Mrs B Coleman

Address Ches City md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78808

Attended by Dr. X

of

Seen by Coroner X

of

Information contained in this certificate received from Child grand mother

of St Augustine

Name in Full

Certificate of Death

Abraham C. Neff

Town County

Died at near Port Deposit Cecil MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1899 11 10 Age

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband of Wife

Father's Name

Mother's Name 145d

Cause of Death

Primary scalded by explosion

Immediate of the boiler of locomotive

How long sick

Accident, Suicide, Homicide

Reported by Aegis and Intelligencer 11-17

Address

Must be signed by physician, if any in attendence, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Mememba B. Stoky

Died at Town Iron Hill County Cecil MARYLAND

Date 1899 Month Nov. Day 1st | Age Y. M. D. ✓ | Native of ✓ | Occupation ✓

Male ~~Female~~ | White ~~Colored~~ | Married ✓ Single ✓ | ~~Widow~~ ✓ ~~Widower~~ | ~~Divorced~~ | Number of children living ✓

Husband / Wife of Do not know

Father's Name " | Mother's Name ✓ ✓

Cause of Death: Primary 145-d | How long sick ✓

Immediate killed by train on P.W. & B.R.R. | Accident, ~~Suicide~~, ~~Homicide~~

Reported by Wm. P. Dean Coroner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full John K. White

Certificate of Death

Died at Port Deposit (Town) Cecil (County) MARYLAND

Date 1894 Month Nov Day 14 | Age Y. 24 M. 1 D. 3 | Native of Ind T. Occupation Spinster

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living 1

Husband ~~Wife~~ of Lily Criswell

Father's Name Rufus White | Mother's Name Rachel M. Campbell

Cause of Death: Primary Pulmonary Tuberculosis | How long sick 1 yr.

Immediate Exhaustion 2 ds ~~Accident, Suicide, Homicide~~

Reported by H. E. Chenoweth

Address Port Deposit Surg. Asst.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 8888

Name in Full

Certificate of Death

Silas White

Died at Town Funchtown County 7th Dist. Cecil Co MARYLAND

Date 1899 Month Nov Day 24 | Age Y. 28 M. D. | Native of Cecil Co | Occupation Fisherman

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife ✓

Father's Name Edward White

Mother's Name Mary R. White

Cause of Death: Primary ~~Primary~~ ~~Suicide~~ - pistol wounds head

Immediate ~~Suicide~~ 142e

How long sick

~~Accident~~, Suicide, ~~Homicide~~

Reported by Wm. P. Dean Coroner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

Henry Young

Died at St Augustine (Town) Cecil (County) MARYLAND

Date 189 9 Month 11 Day 15 | Age Y. 4 M. D. | Native of md | Occupation

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name Edward Young

Mother's Name Rachiel mokes

Cause of Death — Primary: Hooping Cough — How long sick: 3 days

Immediate: — Accident, Suicide, Homicide

Reported by Mrs B Coleman

Address Elkes City md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70805

Attended by Dr. X

of X

Seen by Coroner X

of X

Information contained in this certificate received from the mother Rachiel notes of St. Augustine